PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

1081887.

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN	
_			(Colur	(Column 1)		(Column 2)		TYPE		OR		
TOTAL CLAIMS			38	35				RATE	FEE		RATE	FEE
FOR			NUMBE	NUMBER FILED		BER EXTRA		BASIC FE	E 385.0	0 OR	BASIC FEI	770.00
Ţ	OTAL CHARGE	ABLE CLAIMS	186 n	35 minus 20=		*15-15		X\$ 9=		OR	X\$18=	27
ΙN	DEPENDENT (CLAIMS	3	3 minus 3 =				X43=		OR	X86=	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
М	ULTIPLE DEPE	ENDENT CLAIM					+145=		7			
*,1	f the differenc	e in column 1 is	s less than	zero, enter	"0" in	column 2		TOTAL	<u> </u>	OR		\ O :
		CLAIMS AS	ΔMENDE	MENDED - PART II				IOIAL	L	OR	TOTAL	104
<u>. </u>		(Column 1)		(Colum		(Column 3)		SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	-]	RATE	ADDI- TIONAL FEE
Š	Total		Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X43=	1	OR	X86=	
	FIRST PRES	ENTATION OF M	ULTIPLE DE	PENDENT	CLAIM		-	+145=		OR	+290=	
·							L	TOTAL		-∤ Ľ	TOTAL	
(Column 1) (Column 2) (Column 3)								ODIT. FEE		JOR ,	ADDIT. FEE	
		CLAIMS	T	HIGHE	ST	(Column 3)	_		ADDI	7 5		1001
NT B		REMAINING AFTER		PREVIOU	JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
AMENDMENT	Total	AMENDMENT	Minus	PAID F	OR	1	╽┟		FEE	┨╏		FEE
	Independent	*	Minus	**		=		X\$ 9=	· ,	OR	X\$18=	
8	FIRST PRESENTATION OF MULTIPLE DEPENDE			CLAIM			X43=		OR	X86=		
								+145=		OR	+290=	
								TOTAL DIT. FEE		OR A	TOTAL DDIT. FEE	
		(Column 1)		(Column		(Column 3)	٠.			•		
AMENDMENI C		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		2	,	(\$ 9=		OR	X\$18=	
A ME	Independent	*	Minus	***		=		K43=			X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	00-	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=	
11	If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"										TOTAL DIT. FEE	
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												